


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 041 ***150.00

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| DOCUMENT # F03000001587 |  |
| 1. Entity Name LIGHT DIGITAL, INC. | |

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| Principal Place of Business 2250 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 | Mailing Address 2250 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 |
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|---|---|
| 2. Principal Place of Business 9381 Pocket Lane | 3. Mailing Address 9381 Pocket Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/04)

| | | | |
|------------------------------------|------------------------------------|------------------------------------|--|
| City & State ORLANDO, FL | City & State Orlando, FL | 4. FEI Number 58-2497151 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32836 | Country USA | Zip 32836 | Country US |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent PATEL, RUPESH 508 E CENTRAL BLVD ORLANDO FL 32801 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rupesh Patel* **RUPESH PATEL** **3/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PATEL, RUPESH 508 E CENTRAL BLVD ORLANDO FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rupesh Patel* **RUPESH PATEL** **3/29/05** **386547-0825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #